

**ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**  
1400 WEST WASHINGTON, ROOM 240, PHOENIX, ARIZONA 85007  
Phone: (602) 364-1739

**REQUEST FOR VERIFICATION OF LICENSURE**

**\*\*\*Fee \$15.00**

**APPLICANT AUTHORIZATION:**

NAME: \_\_\_\_\_

LICENSE NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_

☐ **Please check if change in mailing address.**

I authorize the Arizona State Veterinary Medical Examining Board to release information regarding the status, i.e., active, lapsed, probationary, etc., the original issue date and expiration date, and any disciplinary action that has been taken against my Arizona Veterinary License to the Veterinary Medical Board listed below.

STATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

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\*\*\*Fee payable by cash, check, certified check or money order only. Please do not fax request, as we are not be able to process until fee is received in our office.